

Application # \_\_\_\_\_

Harnett County Central Permitting  
PO Box 65 Lillington, NC 27546  
910-893-7525 Fax 910-893-2793 www.hamett.org/permits

\* Each section below to be filled out by whomever performing work. Must be owner or licensed contractor. Address, company name & phone must match information on license.

**Application for Residential Building and Trades Permit**

Owner's Name: FRANK A. FARMER Date: 1/10/2020  
 Site Address: 196 HOMESTEAD LN., ANGLER, NC Phone: 919-741-0002  
 Subdivision: HOMESTEAD Lot: \_\_\_\_\_  
 Description of Proposed Work: STORAGE SHED / SHE SHED Total Job Cost: \$55,000

**General Contractor Information**

FRANK A. FARMER 919-741-0002  
 Building Contractor's Company Name Telephone  
196 HOMESTEAD LN. FARMER.FA@EARTHLINK.NET  
 Address Email Address

License # \_\_\_\_\_

**Electrical Contractor Information**

Description of Work Install switches + lighting inst Service Size: 200 Amps T-Pole: Yes  No  
Electrical X Perts. Telephone 919-369-2117  
 Electrical Contractor's Company Name  
71 Misty Wood Dr. Fuquay-Varina Electricalxperts@aol.com  
 Address Email Address  
22689-L

License # \_\_\_\_\_

**Mechanical/HVAC Contractor Information**

Description of Work Install Single Zone 12K Mini Split heat Pump  
Cold South Mechanical 919-800-7918  
 Mechanical Contractor's Company Name Telephone  
1929 NC 42 Hwy. Willow Spring NC 27592 cs@coldsouthnc.com  
 Address Email Address  
31355

License # \_\_\_\_\_

**Plumbing Contractor Information**

Description of Work \_\_\_\_\_ # Baths \_\_\_\_\_  
 Plumbing Contractor's Company Name Telephone \_\_\_\_\_  
 Address Email Address \_\_\_\_\_

License # \_\_\_\_\_

**Insulation Contractor Information**

Carding Custom Design + Trim 220 Amber Ln Willow Sp, nc 919-255-0726  
 Insulation Contractor's Company Name & Address Telephone  
NC 27592

**\*NOTE: General Contractor / owner must fill out and sign the second page of this application.**

I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and that **by signing below I have obtained all subcontractors permission to obtain these permits** and if **any** changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

**EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.**

Frank A Farmer  
Signature of Owner/Contractor/Officer(s) of Corporation

1/10/2020  
Date

**Affidavit for Worker's Compensation N.C.G.S. 87-14**

The undersigned applicant being the:

General Contractor     Owner     Officer/Agent of the Contractor or Owner

Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

Has no more than two (2) employees and no subcontractors.

While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Sign w/Title: Frank A Farmer / OWNER Date: 1/10/2020